

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

CITY CLERK DEPT.

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

2013 JAN 15 AM 8:08
ACCOUNT #
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST **Emma**

MI

NICKNAME

LAST **Acosta**

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS
change of address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

8904 WH Burges

El Paso, TX 79925

Date Hand-delivered or Postmarked

Receipt #

Amount

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915) 731-2020

Date Processed

6 CAMPAIGN
TREASURER NAME

MS / MRS / MR

FIRST **Enriqueta**

MI

NICKNAME **Queta**LAST **Fierro**

SUFFIX

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY; STATE; ZIP CODE

8612 Whitus

El Paso, TX 79925

8 CAMPAIGN
TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(915)539-1710

9 REPORT TYPE

XXX January 15

30th day before election
campaign

Runoff

15th day after

treasurer appointment
(officeholder only)

July 15

8th day before election

Exceeded \$500
limitFinal report (Attach C/OH
- FR)10 PERIOD
COVERED

Month

07 Day

16 Year 2012

THROUGH

Month 01

Day

15 Year 2013

11 ELECTION

ELECTION DATE
Month Day YearELECTION
TYPE

Primary

Runoff

General
Special

12 OFFICE

OFFICE HELD (if any)

City Representative District 313 OFFICE SOUGHT (if
known)

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME EMMA ACOSTA	15 ACCOUNT # (Ethics Commission Filers)
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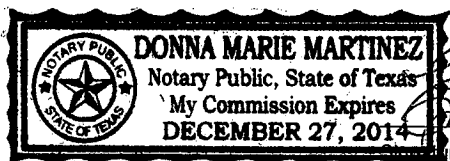
16 NOTICE FROM POLITICAL COMMITTEE(S) additional pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	GENERAL	COMMITTEE ADDRESS
	SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

CITY CLERK DEPT.
2013 JAN 15 AM 8:09

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$500
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	0
	4. TOTAL POLITICAL EXPENDITURES	\$596.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$1,715.34
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$6,288.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 2013, to certify which, witness my hand and seal of office.

Signature of officer administering oath _____ Printed name of officer administering oath _____ Title of officer administering oath _____

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

CITY CLERK DEPT. **SCHEDULE A**2013 JAN 15 AM 8:09
1 Total pages Schedule A

The Instruction Guide explains how to complete this form.

2 FILER NAME **EMMA ACOSTA**

3 ACCOUNT # (Ethics Commission Filers)

4 Date

5 Full name of contributor OTON MEDINA out-

6 Contributor address; City; State; Zip Code
EL PASO, TX 79935

7 Amount of contribution (\$) 500.00 8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.

CITY CLERK DEPT
2013 JAN 15 AM 8:09

1 Total pages-Schedule E:

2 FILER NAME **EMMA ACOSTA**

3 ACCOUNT # (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS: ☐ ☐ ☐ ☐ ☐ ☐ \$6,288.00

5 Date of loan	7 Name of lender EMMA ACOSTA out-of-state PAC (ID#:	9 Loan Amount (\$)5,000
6 Is lender a financial institution? Y NXX	8 Lender address; City; State; Zip Code	10 Interest rate
		11 Maturity date

12 Principal occupation / Job title (See Instructions)	13 Employer (See Instructions)
14 Description of Collateral none	15 Check if personal funds were deposited into political account

16 GUARANTOR INFORMATION not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
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20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender EVOLVE CREDIT UNION out-of-state PAC (ID#:	Loan Amount (\$)1,288
Is lender a financial institution? YXX N	Lender address; City; State; Zip Code	Interest rate
		Maturity date

Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none	Check if personal funds were deposited into political account	
GUARANTOR INFORMATION not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)	Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES -**SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F:		2 FILER NAME EMMA ACOSTA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/2012 – 01/2-13		5 Payee name CAMPAIGN SECRETS			
6 Amount (\$) 300.00		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) (b) WEBSITE		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 07/2012 – 01/2-13		Payee name CONSTANT CONTACT			
Amount (\$) 95.64		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) ONLINE EMAIL DATABASE		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/2012 – 01/2-13		Payee name Id-4 INKJETS			
Amount (\$) 59.98		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) PRINTER SUPPLIES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 7/2012 – 01/2-13		Payee name OFFICE DEPOT			
Amount (\$) 141.75		Payee address; City; State; Zip Code EL PASO, TX			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) LASER PRINTER SUPPLIES		Description (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:		2 FILER NAME EMMA ACOSTA		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 07/12 – 01/2013		5 Payee name EVOLVE CREDIT UNION			
6 Amount (\$) 1,464.00 Reimbursement from political contributions		7 Payee address; City; State; Zip Code EL PASO, TX			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) (b) LOAN PAYMENTS		(b) Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	
Date		Payee name			
Amount (\$) Reimbursement from political contributions intended		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule)		Description (If travel outside of Texas, complete Schedule T)	

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